

PERSONAL DIGITAL ASSISTANT (PDA) JUSTIFICATION

REQUEST FOR: COMMUNICATING ☐ NON-COMMUNICATING ☐

CONTRACTOR: NCI SAIC CRL DMS WISCO (Circle One)

Requestor/User: _____ Center #: _____

Building #: _____ Telephone #: _____ Dept.: _____

Do you now have an NCI-Frederick Cellular Phone, Pager, and/or Personal Digital Assistant (PDA)? Yes _____ No _____
If yes, indicate below decal # on equipment:

Cell Phone: _____ Pager: _____ PDA: _____

If service is provided, please indicate provider below:

Cell Phone: _____ Pager: _____ PDA: _____

A standard communicating and non-communicating PDA will be offered. (A different PDA must have further justification and approval thru the appropriate Director)

JUSTIFICATION FOR USE OF PERSONAL DIGITAL ASSISTANT (PDA): _____

Will equipment be used after core hours? Yes _____ No _____. If yes, please explain _____

*A justification and approval is required for all PDA (Communicating and Non-Communicating) requests. If service is applicable, employee is required to obtain this service for business purposes only. Any expenses incurred for personal cellular (phone) use **MUST** be reimbursed to the contract. Convenience is **NOT** a pre-requisite for requesting a PDA/service. (Accounts with a cellular phone service will be audited on a monthly basis)*

Signature below indicates that I understand, accept and comply with the above requirements and have read the Policy & Procedures associated with PDA's.

Requester's Signature: _____ Date: _____

APPROVAL(S):

Supervisors: _____ Title: _____
(Print name) (Print Title)

Signature: _____ Date: _____

Director: _____ Title: _____
(Print name) (Print Title)

Signature: _____ Date: _____

When signatures are obtained please forward to SAIC-Frederick, Inc., Internal Auditing Department, 92 T. J. Drive. All PDA's will be delivered to Wireless Program Support, Bldg. 1050, Room 225A. You will be notified as to when you may pick up and sign for your equipment.